

**REVISION -RESUBMITTAL**  
**DROP OFF SHEET**  
 CITY OF LEESBURG



JOB ID #

DATE:

JOB ADDRESS

DROPPING OFF	<input style="width: 100%; height: 100%;" type="text"/>	SETS OF	<input style="width: 100%; height: 100%;" type="text"/>
AND	<input style="width: 100%; height: 100%;" type="text"/>	SETS OF	<input style="width: 100%; height: 100%;" type="text"/>

CHECK ONE OF THE FOLLOWING:

THIS IS A **REVISION** TO A PERMIT APPLICATION FOR WHICH THE PERMIT **HAS NOT BEEN ISSUED**

THIS IS IN REPOSE TO PLAN REVIEW COMMENTS

THIS IS A MODIFICATION TO A PERMIT THAT **HAS BEEN ISSUED**

ADDITIONAL INFORMATION/EXPLANATION FOR THE PLANS EXAMINER:

CONTACT PERSON FOR QUESTIONS				<input style="width: 100%; height: 20px;" type="text"/>			
EMAIL ADDRESS	<input style="width: 100%; height: 20px;" type="text"/>						
PHONE#	<input style="width: 100%; height: 20px;" type="text"/>						
FAX#	<input style="width: 100%; height: 20px;" type="text"/>						
MAILING ADDRESS	<input style="width: 100%; height: 20px;" type="text"/>						
CITY	<input style="width: 20%; height: 20px;" type="text"/>	STATE	<input style="width: 20%; height: 20px;" type="text"/>	ZIP	<input style="width: 20%; height: 20px;" type="text"/>	<input style="width: 20%; height: 20px;" type="text"/>	

For office use only:

- BUILDING  
  ELECTRICAL  
  PLUMBING/GAS  
  MECHANICAL  
  FIRE